

### **REMARKS**

Claims 1-23 are currently pending in the subject application and are presently under consideration. Claims 1, 8, 12, and 21 have been amended herein. Claims 22 and 23 have been newly added to emphasize various features of the subject invention.

Favorable reconsideration of the subject patent application is respectfully requested in view of the comments and amendments herein.

#### **I. Rejection of Claims 1-21 Under 35 U.S.C. §103(a)**

Claims 1-21 stand rejected under 35 U.S.C. §103(a) as being unpatentable over Montlick (US 5,561,446), Uchiyama, *et al.* (US 6,485,415) in view of Gershman, *et al.* (US 6,199,099). Withdrawal of this rejection is respectfully requested for at least the following reasons. The cited references do not teach or suggest all features of applicants' claimed invention.

The claimed invention facilitates formulating medical diagnoses relating to a patient, conveying the medical diagnoses, and providing a patient with remote access to the medical diagnoses. In particular, a portable wireless device has codes stored therein that correspond to features associated with rendering a medical diagnosis. The use of codes and an easy selection menu alleviates a physician from having to go through painstaking steps of writing down or typing a diagnosis. The use of codes also facilitates consistency of data entry in connection with respective diagnoses. Accordingly, a physician can hold the portable device in one hand and use, for example, a thumb wheel, pull down screens, or other selection scheme to navigate among codes and make code selections in connection with formulating a comprehensive medical diagnosis of a patient. Once a subset of codes are selected, the subset of codes correspond to a formulated medical diagnosis which are wireless transmitted to a network for further processing, or conveyance to a remote patient.

Independent claim 1 recites...*displaying a set of codes each corresponding to respective healthcare data, the healthcare data including a plurality of medical diagnoses each of which corresponds to at least one code; detecting selection by a user of a subset of the displayed codes that corresponds to a medical diagnosis relevant to a patient; and* wirelessly transmitting the selected subset of the displayed codes ... wherein said wirelessly transmitting causes the healthcare data corresponding to the selected subset of the displayed codes to be provided to a medical patient.... The cited reference, alone or in combination do not

teach or suggest such features of applicants' invention. Independent claims 12, 18, and 21-23 recite similar features relating to employing a subset of codes in connection with formulating a medical diagnosis, and making such diagnosis available to a remote patient.

Montlick merely relates to a pen-based portable electronic device that allows for doctor's to make notes, complete forms as if they were using a regular pen and have such notes transferred wirelessly to a remote device/entity without loss of information (e.g., the original hand-written notes are sent in a non-translated form). There is no teaching or suggestion of mitigating input information required in connection with rendering a diagnosis. Rather, a same level of input is generally required as compared to a traditional pen to paper entry. A main feature of Montlick is to preserve content/context associated with a physician's entry, and avoid loss of information often associated with translation (e.g., speech to text, handwriting to text, etc.). Not only does Montlick fail to teach or suggest ***detecting selection by a user of a subset of displayed codes that corresponds to a medical diagnosis relevant to a patient***, it teaches away from such invention. The use of codes as generic representations of features of a diagnosis runs counter to Montlick's intent of not translating intent of a physician but rather preserving original context *via* using a digital pen, capturing and transmitting the entry in original form. (See e.g., Montlick at Abstract, col. 2, lns. 35-40, 49-54, col. 3, lns. 9-14, 45-46).

Neither Uchiyama, *et al.* nor Gershman, *et al.* make up for the aforementioned deficiencies of Montlick. In particular, Uchiyama merely teaches remote monitoring of an individual to be able to make a medical diagnosis regarding an individual remotely. There is no notion or suggestion of receiving a subset of codes in connection with formulating a medical diagnosis, and making the medical diagnosis available to a patient remotely as in applicants' claimed invention. Likewise, Gershman, *et al.* also does not teach or suggest the aforementioned claimed features of applicant's invention. Rather, this reference merely discloses making consumer information available remotely in connection with facilitating remote consumer transactions.

In view of at least the foregoing, it is readily apparent that the cited references do not make obvious applicants' invention as recited in independent claims 1, 12, 18, and 21-23 (and the claims that respectively depend therefrom). This rejection should be withdrawn.

**CONCLUSION**

The present application is believed to be in condition for allowance in view of the above comments and amendments. A prompt action to such end is earnestly solicited.

In the event any fees are due in connection with this document, the Commissioner is authorized to charge those fees to Deposit Account No. 50-1063 [MSFTP1835USA].

Should the Examiner believe a telephone interview would be helpful to expedite favorable prosecution, the Examiner is invited to contact applicants' undersigned representative at the telephone number below.

Respectfully submitted,

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